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ABSTRACT

There is some evidence that the timing of death may not be random. Taking into consideration some of the variables which possibly affect death, this paper reviews intervention techniques with the possible goal of saving lives. Knowing that the elderly respond to the environment, society should accept as its responsibility the provision of support within that environment. The author sees this support as coming from community-based intervention which would hopefully delay death, allowing the elderly to remain as functional members of society, and returning the elderly to the mainstream of society. Part of this environmental intervention relates to changing society's attitudes toward aging. The other thrust of the paper is toward community intervention, where the importance of marriage and friends is emphasized. (Author/PC)

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ENVIRONMENTAL EVENTS AND THE TIMING OF DEATH

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I. INTRODUCTION

There is some evidence which indicates that the timing of death may not be random. Phillips (1970, 1972) investigating the effects of Yom Kippur--a significant religious holiday for Jews--and the effects of the birthdays of a sample of famous people discovered that these two events significantly altered the dying patterns of those personally involved. In the one month period before Yom Kippur, Phillips found that significantly fewer Jews were dying when compared to the average death rates of Gentiles in the same locale. Similarly in the two to three month period after the birthdays of the famous people involved in his sample, Phillips discovered that there were 20% more deaths than expected if the deaths had been evenly distributed throughout the 12 months. What Phillips' work seems to indicate is that some individuals can postpone their dying until the occurrence of a personally significant event and as a result death rates often dip before such an event and usually peak after this event.

In a recently completed study, Marriott and Harshbargert (1973) further investigated this phenomenon. Statistical frequencies of death in central West Virginia were collected around the Christmas holidays. The data were also divided into demographic variables and it is interesting to note that not only did the authors discover a significant peak two weeks after Christmas for the entire population ($p < .05$), but also that death occurred differentially among population subgroups. For example, those without familial ties, especially single, i.e., never married, women seemed particularly affected by this holiday.

Perhaps, it is obvious what the environmental implications of these studies are for gerontologists. It appears that an individual and the environment are inextricably bound together in the timing of a person's natural death. Knowing that perhaps patterns of dying can be regulated by such external events as religious and social holidays is useful information for community workers. For it is during the peak death rates

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following the significant events that intervention might occur. This paper will consider particularly community-clinical interventions that might be feasible during such a death peak. These interventions have as a possible goal the notion of delaying death.

II. INDIVIDUAL ENVIRONMENTAL INTERVENTION

According to Berne (1972), one's life span depends on: (1) a person's constitutional robustness, (2) a person's physical health, and (3) a person's extensive unconscious life plan called a script. In transactional terms, Berne would intervene by outlining his client's script hero. He would then proceed to give his client permission to live longer than the script hero and to shake off his/her script programming. However, as James (1969) noted, if each individual aged 65 or older living in New York City were to receive one hour individualized treatment in a clinic and if each were to be received in sequence, 114 years would pass before the last patient left the clinic assuming it was open 24 hours a day. Since the elderly's condition is really multi-dimensional involving interrelated social, physical and mental problems, one hour's treatment would barely begin to relieve the presenting symptoms. It seems obvious then that such individualized treatment as Berne's is less than ideal!

III. COMMUNITY ENVIRONMENTAL INTERVENTION

A. Attitudinal Changes

One of the most important aspects of environmental intervention is that of attitudinal change on the part of our society. This should be double-edged, i.e., aimed at both the segments over and under 65 years of age. Looft (1971) reported that when persons from early adolescence through advanced old age were questioned about whom they believed to be important sources and transmitters of information to today's children and adolescents, not one of those interviewed mentioned that grandparents were important in this regard; even the elderly denied their importance. Certainly the implications of Looft's study are that societal attitudes need altering not only by the elderly but also by those who prevent the elderly from possessing self-esteem

and from being important contributing members of society.

In another paper Looft (1973) attacked such societal attitudes. He related the story of an 88-year-old woman placed in a nursing home by her family on the stipulation that her oldest son daily deliver a bottle of her favorite wine. After several weeks, the supervisory nurse discovered a closet full of empty wine bottles in the woman's room. The wine deliveries were ordered ceased for the nurse stated this behavior was unfitting for a woman of her age. In short, intervention if it is to take place might best be directed at the middle-aged person who communicate to the elderly what behavior is appropriate for them.

Schaie (1973) is far more outspoken in his statements concerning society's attitude towards the aged when he stated:

> ...that the middle-aged group which has dominated most industrial societies has in fact been causing a major share of the problems of the older citizens by determining on an a priori basis that old age shall be taken to be synonymous with intellectual and physical decrement, with the loss of social effectiveness, self-esteem, and the extinction of intellectual and sensual stimulation and pleasure. As a corollary, the group in power has decreed that such porcesses shall be considered irreversible, and that consequently society's responsibility may be limited to the humane care of and the provision of final rituals for the elderly (p. 32).

He concluded by saying:

> It seems strange, therefore, to address intervention or prevention of aging efforts toward the elderly themselves. Instead, I will argue that intervention must be directed toward the young and the middle-aged with the objective of encouraging these target groups to abandon the age-graded society which may well be identified as the primary cause of aging as we know it (p. 32).

B. Community-based Intervention

Labouvie-Vief (1973) and Hoyer (1973) are of the opinion that at this point in time, gerontological intervention has concentrated on behavioral deficits rather than on the possible relationship between behavioral and environmental contingencies. Thus, it seems logical to extend their argument by saying that perhaps it is possible to retard the aging process by providing environmental enrichments where in the past there were environmental deficiencies.

Among the environmental supports we might consider are adequate community support for the aged. The author does not mean basket weaving, for as Mead (1962) wrote so

well: "Recreation is useful and should not be neglected, but it is still a very shallow temporary source of satisfaction." From the psychologist's view, there can be no substitute for living a functional way of life, but actual intervention should be based on research with and the experience of the elderly rather than on assumptions about the elderly.

Rather she has in mind such plans as day care centers providing an option to independent living and total institutionalism. Such a plan allows an elderly individual to remain a functional part of his family but for a few hours per week. Such day care centers for the elderly were recently reported in The Gerontologist (Gustafson, 1974) and Newsweek (June 10, 1974).

Another notion is the store front community mental health as the West Philadelphia Community Mental Health Consortium reported by Santore and Diamond (1974). In addition to providing services to the elderly within their own community, the consortium hired eight case aides all over 60 years of age. It is these authors' contention that such a store frontCMHC is a response to the psychosocial needs of the elderly in their ecological contexts.

There are other such innovative ideas that both treat the elderly in their own environment and also permit their retaining functional membership in society. One is the Queensbridge Health Maintenance Project (Srole, Langner and Michael, 1962) where a demonstration clinic was established in a low-income housing project so that the mental and physical illnesses of the elderly might be treated without the requisite of hospitalization, institutionalization or entrance to a nursing home. Another is an intriguing experiment in which the elderly are working as volunteer homemakers and home visitors for other old people in their own neighborhood (James, 1969).

IV. CONCLUDING REMARKS

This paper began by examining the patterns of dying seemingly in response to the passing of an individual's significant event. Knowing that the elderly respond to the environment, then it is up to society to provide support in the environment. Perferrably this support would consist of community-based intervention in the hopes of delaying

death, of allowing the elderly to remain as functional members of society, and of returning the elderly to the mainstream of society where they can remain useful, independent and contributing members in their environment.

Part of this environmental intervention has to do with changing society's attitudes to aging. Jung wrote that "a human being would certainly not grow to be 70 or 80 years old if this longevity had no meaning for the species to which he belongs" (as cited in James [1969]). Most of us tend to eliminate this from our consciousness.

The other thrust of this paper is toward community intervention with the aged. The importance of marriage as a variable in sustaining life is not new. From this notion follows the idea of the importance of a friend or friends as significant others in sustaining life. As gerontologists, we cannot eliminate widowhood nor prevent the death of an older person's friends, but we can establish the community centers or milieux that given him/her a better chance to make new ones. Research can be geared toward an understanding of the nature of support systems and those environments which foster their establishment. However, this research must be geared to the experience of the elderly and not to the researcher's assumptions about the elderly.

Kübler-Ross (personal communication) seemed to concur with this author that the main thrust of our efforts should be made in the community. She wrote, "Living to me means to give and to take, and the short comings of our nursing homes and retirement places for elderly citizens is that none of their assets, talents and experiences are used for the well being of individuals, groups or the society."

Most importantly in intervention with the aged, is their increased inclusion into society, i.e., to have them feel useful and needed because they, in fact, are useful and needed, is the most important change that we can precipitate in society's thinking today. Quoting James (1969), "We must conquer the two great enemies of sanity in older people: <u>enforced uselessness</u> and <u>enforced aloneness</u>." It is here as gerontologists that we can make our impact on the environmental intervention with death. To have the aged be a useful member of society will not eliminate death but by giving the elderly the dignity they deserve perhaps will make living more meangingful for them. To quote the comic strip character Pogo: "We have met the enemy and they are us."

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